Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

Listeriosis

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed** ☐ **Probable**
By: ☐ **Lab** ☐ **Clinical** ☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Fever** Highest measured temp: _____ °F Type: ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	**Headache**
☐	☐	☐	☐	**Stiff neck**
☐	☐	☐	☐	Diarrhea Maximum # of stools in 24 hours: ___
☐	☐	☐	☐	Abdominal cramps or pain
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Immunosuppressive therapy or disease
☐	☐	☐	☐	Underlying illness Specify: _____
☐	☐	☐	☐	Infant <38 weeks gestation (preemie) Gestational age: _____
☐	☐	☐	☐	**Miscarriage or stillbirth**
☐	☐	☐	☐	Pregnant Estimated delivery date ___/___/___ OB name, address, phone: _____ _____
☐	☐	☐	☐	Postpartum mother (<= 6 weeks)

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Meningitis**
☐	☐	☐	☐	**Meningoencephalitis**
☐	☐	☐	☐	**Bacteremia**
☐	☐	☐	☐	**Sepsis syndrome**
☐	☐	☐	☐	**Altered mental status**
☐	☐	☐	☐	**Abscess or infected lesion**
☐	☐	☐	☐	**Septic arthritis**

Clinical Findings (continued)

Y	N	DK	NA	
☐	☐	☐	☐	Other clinical findings consistent with illness Findings: _____
☐	☐	☐	☐	Admitted to intensive care unit

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	**Hospitalized for this illness**

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	***L. monocytogenes*** **isolation (normally sterile site: blood or cerebrospinal fluid, joint, pleural or pericardial fluid)**
☐	☐	☐	☐	***L. monocytogenes*** **isolation (placental or fetal tissue from a miscarriage or stillbirth)**
☐	☐	☐	☐	Food specimen submitted for testing

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period		onset	Contagious period
Days from onset:	-70	-3		week to months* after onset
Calendar dates:				

** in stool*

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine
				Out of: ☐ County ☐ State ☐ Country
				Destinations/Dates: _____
☐	☐	☐	☐	Case knows anyone with similar symptoms
☐	☐	☐	☐	If newborn, birth mother had febrile illness during this pregnancy
☐	☐	☐	☐	If infant, confirmed infection in birth mother
☐	☐	☐	☐	If newborn, confirmed Listeria infection in birth mother
☐	☐	☐	☐	Unpasteurized milk (cow)
☐	☐	☐	☐	Unpasteurized dairy products (e.g. soft cheese from raw milk, queso fresco or food made with these cheeses)
☐	☐	☐	☐	Prepackaged, ready-to-eat meat (e.g. hotdogs, bologna, turkey)

Y	N	DK	NA	
☐	☐	☐	☐	Deli sliced meat or cheese
☐	☐	☐	☐	Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
☐	☐	☐	☐	Dried, preserved, or traditionally prepared meat (e.g. sausage, salami, jerky)
☐	☐	☐	☐	Preserved, smoked, or traditionally prepared fish
☐	☐	☐	☐	Known contaminated food product
☐	☐	☐	☐	Group meal (e.g. potluck, reception)
☐	☐	☐	☐	Food from restaurants

Restaurant name/Location: _____

Y	N	DK	NA	
☐	☐	☐	☐	Farm or dairy residence or work
☐	☐	☐	☐	Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
☐	☐	☐	☐	Zoo, farm, fair, or pet shop visit
☐	☐	☐	☐	Soil exposure (e.g. gardening, potting soil, construction)

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Outbreak related

PUBLIC HEALTH ACTIONS

☐ Any public health action, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Listeriosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered